

## Intervention: Capacity building

Finding: Sufficient evidence for effectiveness

### Potential partners to undertake the intervention:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Nonprofits or local coalitions        | <input type="checkbox"/> Businesses or labor organizations            |
| <input type="checkbox"/> Schools or universities                          | <input type="checkbox"/> Media  |
| <input type="checkbox"/> Health care providers                            | <input checked="" type="checkbox"/> Local public health departments   |
| <input checked="" type="checkbox"/> State public health departments       | <input type="checkbox"/> Policymakers                                 |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input checked="" type="checkbox"/> Other: AIDS service organizations |

### Background on the intervention:

Capacity building can be divided into three categories: Underserved Populations, Non-HIV Providers, and HIV Prevention Grantees. Each of these is described below in the context of purpose and program components as well as target populations.

**Underserved Populations:** This approach to capacity building seeks to increase the support for underserved populations to improve leadership, increase community involvement, build coalitions, and encourage professional development. Examples of this approach include funding a provider to reach gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth or men of color who have sex with men to support advocacy for themselves and involvement in their community. In short:

*\$ and resources ⇒ grantee ⇒ build the capacity of an underserved population*

Specific components of capacity building for underserved populations include:

- Providing basic HIV transmission and risk reduction information appropriate to the population served
- Supporting activities that increase the leadership of members of the population
- Developing opportunities for community involvement

**Non-HIV Providers:** This approach to capacity building assists non-HIV service providers in meeting the prevention needs of individuals with moderate, low, or no HIV risk. Examples of this approach include assisting outpatient AODA treatment centers, schools, or domestic violence shelter staff in providing HIV prevention information for the populations they serve. In short:

*\$ and resources ⇒ grantee ⇒ build the capacity of a non-HIV service provider*

Specific components of capacity building for non-HIV providers include:

- Training staff of non-HIV service providers, such as staff of AODA treatment centers and domestic violence shelters, to increase their ability to meet the HIV prevention education needs of their clients
- Providing updated print materials appropriate for the population
- Compiling a list of appropriate referrals for members of the population that are at increased risk for HIV transmission

**HIV Prevention Grantees:** This approach to capacity building increases the ability of grantee agencies to both reach sectors of the population that are at increased risk of HIV transmission and comply with contract requirements. In short:

*\$ and resources ⇒ grantee ⇒ build the capacity of an HIV prevention grantee*

Specific components of capacity building for HIV prevention grantees include:

- One-on-one technical assistance to service providers as requested
- Periodic one- to two-day training events on specific elements of service provision, including cultural competency
- Assistance with grant writing, needs assessment, program development, program evaluation, data collection and reporting, and other technical components of service provision

**Findings from the systematic reviews:**

Capacity-building efforts can be very cost effective because members of their audience – service providers – provide services and disseminate knowledge and skills to many more members of the target population.

For capacity-building efforts that reach risk populations directly, the individuals gain a sense of ownership and peer leadership. Both of these elements increase the likelihood that the prevention efforts will succeed.

**Additional information:**

The Wisconsin Department of Health and Family Services (DHFS) has developed core requirements for providing these interventions. Organizations undertaking these interventions should consider the recommendations outlined below.

Agencies providing capacity building to *Underserved Populations* agree to:

1. Provide basic, accurate HIV prevention information to the target population.
2. Convene an advisory group of members of the target population to provide input.
3. Determine or develop opportunities for members of the target population to increase leadership, community involvement, and coalition building.
4. Develop a method to evaluate the impact of this intervention on the members of the target population.
5. Comply with AIDS/HIV Program data collection and reporting requirements.
6. Convene a Program Review Panel, consistent with requirements set forth by the Centers for Disease Control and Prevention (CDC), that reviews and approves all educational materials (brochures, fliers, posters, videotapes, audio cassettes, questionnaires or surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc.) supported with CDC funds. Provide to the Wisconsin Department of Health and Family Services statements signed by the Chairperson of the Program Review Panel specifying the vote for approval and disapproval for each item that is subjected to review.

Agencies providing capacity building to *Non-HIV Providers* agree to:

1. Provide staff training on basic, accurate HIV prevention information and risk assessment to assist non-HIV providers in educating clients.
2. Assist non-HIV providers in selecting appropriate literature for the population they serve.
3. Train providers in appropriate community resources to which they can refer their clients.
4. Comply with AIDS/HIV Program data collection and reporting requirements.
5. Convene a Program Review Panel, consistent with requirements set forth by the Centers for Disease Control and Prevention (CDC), that reviews and approves all educational materials (brochures, fliers, posters, videotapes, audio cassettes, questionnaires or surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc.) supported with CDC funds. Provide to the Wisconsin Department of Health and Family Services statements signed by the Chairperson of the Program Review Panel specifying the vote for approval and disapproval for each item that is subjected to review.

Agencies providing capacity building to *HIV Prevention Grantees* agree to:

1. Schedule and advertise capacity-building opportunities to the appropriate agencies.
2. Provide technical assistance to other service providers in grant writing, needs assessment, program development, and data collection and reporting, when applicable.
3. Communicate with contract monitors and other AIDS/HIV Program staff to ensure that technical assistance complies with grantee guidelines for service provision, data collection, and reporting.
4. Collaborate with other HIV prevention and capacity-building providers to avoid duplication of effort.
5. Provide or link HIV prevention grantees to opportunities to increase the capacity of the agency (such as through cultural competency training) to reach specific sectors of the population already served or to expand services to reach a new population.
6. Comply with AIDS/HIV Program data collection and reporting requirements.
7. Convene a Program Review Panel, consistent with requirements set forth by the Centers for Disease Control and Prevention (CDC), that reviews and approves all educational materials (brochures, fliers, posters, videotapes, audio cassettes, questionnaires or surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc.) supported with CDC funds. Provide to the Wisconsin Department of Health and Family Services statements signed by the Chairperson of the Program Review Panel specifying the vote for approval and disapproval for each item that is subjected to review.

## **References:**

[CDC's Diffusion of Effective Behavioral Interventions \(DEBI\)](http://www.effectiveinterventions.org) - [www.effectiveinterventions.org](http://www.effectiveinterventions.org)

Seal DW, Winningham, AL. Scientifically sound HIV prevention interventions: Summary of critical reviews. Report prepared for Wisconsin HIV Prevention Community Planning Council, Wisconsin AIDS/HIV Program (September 9, 2003).

Wisconsin HIV Prevention Community Planning Council, 2005-2008 Wisconsin Comprehensive HIV Prevention Plan (2005).

Wisconsin AIDS/HIV Program. Wisconsin AIDS/HIV Program HIV prevention intervention plan and data collection and reporting forms (October 2001).